

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of: ) Attorney Docket No.: E-848  
Robert A. Law ) Group Art Unit:  
Serial No.: ) Examiner:  
Filed: ) Date: June 6, 2000  
Title: MESSAGING SYSTEM HAVING RECIPIENT PROFILING

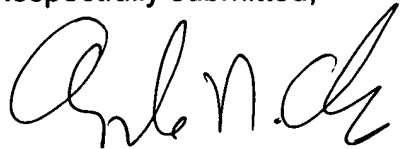
**CERTIFICATE OF MAILING BY EXPRESS MAIL**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In accordance with the provisions of 37 CFR 1.10, I hereby certify that the attached seventeen (17) pages comprising the specification, claims and abstract, three (3) sheets of drawings, Declaration and Power of Attorney, Recordation of Assignment, Assignment, and Information Disclosure Statement with references was deposited with the U.S. Postal Service for delivery by Express Mail on June 6, 2000. The number of the Express Mail mailing label is EJ706018088US.

Respectfully submitted,



Angelo N. Chaclas  
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PITNEY BOWES INC.  
Intellectual Property and  
Technology Law Department  
35 Waterview Drive  
P.O. Box 3000  
Shelton, CT 06484-8000

005030" 21135900

06/06/00  
JC822 U.S. PTO

06-07 w

Docket Number F-18  
Pitney Bowes Inc.  
35 Waterview Drive  
P.O. Box 3000  
Shelton, CT 06484-8000  
June 6, 2000

JC530 U.S. PTO  
09/588443  
06/06/00

BOX PATENT APPLICATION  
ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of

Inventor: Robert A. Law

For: MESSAGING SYSTEM HAVING RECIPIENT PROFILING

Enclosed are:

Seventeen (17) pages comprising the specification, claims, and abstract.

Three (3) sheets of drawing.

A Declaration and Power of Attorney.

An Information Disclosure Statement.

A Recordation of Assignment Request and an Assignment of the invention to Pitney Bowes Incorporated, 1 Elmcroft Road, Stamford, Connecticut 06926-0700.

Certificate of Mailing by Express Mail. The number of the Express Mail label is EJ706018088US.

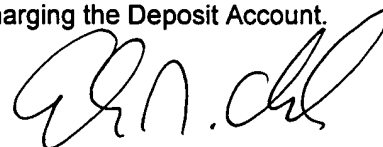
Fees calculated as follows:

Basic Fee							\$ 690.00
Claims Fee	Number Filed		Number Extra		Rate		
Total Claims	15	- 20 =	0	X	\$18.00	=	\$ 0.00
Independent Claims	3	- 3 =	0	X	\$78.00	=	\$ 0.00
Multiple Dependent Claims					\$260.00	=	\$
Total Filing Fee							\$ 690.00

Please charge our Deposit Account Number 16-1885 in the amount of \$ 690.00 for the filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account Number 16-1885.

A copy of this Transmittal Letter is enclosed for use in charging the Deposit Account.



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